

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09827887

FILING DATE

04-06-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	i					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
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17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23	1					
24		1				
25		1				
26		1				
27		1				
28	i					
29		1				
30		1				
31		1				
32		1				
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47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	27					
TOTAL CLAIMS	32					

	*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS